

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Time for Trump

ADDRESS (number and street)

751 Glenn Street

Check if different  
than previously  
reported. (ACC)

Washington

PA

15301

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00628396

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

PA

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Johnson, Robert, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Johnson, Robert, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Time for Trump

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 26 / 2016 To: M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	15850.00	15850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15850.00	15850.00
7. Total Disbursements (from Line 31) .....	15763.00	15763.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87.00	87.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

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Page 3

Write or Type Committee Name

Time for Trump

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		26		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2750.00	2750.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2850.00	2850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13000.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15850.00	15850.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15850.00	15850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15850.00	15850.00

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	15763.00	15763.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15763.00	15763.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15763.00	15763.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15850.00	15850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15850.00	15850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Time for Trump

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Berger, Howard, R, ,

Mailing Address 1121 Shady Ave

City  
PittsburghState  
PAZip Code  
15232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dellovade, Armand, , ,

Mailing Address 108 Cavasina Dr

City  
CanonsburgState  
PAZip Code  
15317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Owner

Occupation (for Individual)

AC Dellovade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Transaction ID : SA11AI.4098

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
Individual Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2750.00

TOTAL This Period (last page this line number only).....▶

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Time for Trump**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Blackstone PAC**

Mailing Address P.O. Box 1447

City  
Washington

State  
PA

Zip Code  
15301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

**Transaction ID : SA11C.4102**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Political Action Committee Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Northeast Good Government PAC**

Mailing Address 100 State St.  
Suite 440

City  
Erie

State  
PA

Zip Code  
16507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

**Transaction ID : SA11C.4108**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Political Action Committee Donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13000.00

13000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 8 OF 12  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Time for Trump</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00628396	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Bucks County Courier</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address 8400 N Bristol Pk			Amount <span style="border: 1px solid black; padding: 2px;">1131.00</span>		Transaction ID : <b>SE.4132</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 04 / 2016
City Lovittown	State PA	Zip Code 19057			
Purpose of Expenditure Newspaper Advertising		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Trump, Donald, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10919.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Comcast</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address 875 Greentree Rd			Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>		Transaction ID : <b>SE.4122</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 04 / 2016
City Pittsburgh	State PA	Zip Code 15220			
Purpose of Expenditure Cable Television Advertising		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Trump, Donald, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9200.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">6131.00</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Johnson, Robert, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 07 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 9 OF 12  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Time for Trump</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00628396         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>Comcast</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y       </div>
Mailing Address <b>875 Greentree Rd</b>			Amount		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2000.00       </div>
City <b>Pittsburgh</b>		State <b>PA</b>	Zip Code <b>15220</b>	<b>Transaction ID : SE.4128</b> Date of Disbursement or Obligation	
Purpose of Expenditure <b>Advertising</b>		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">13169.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Crossover Ent LLC</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y       </div>
Mailing Address <b>147 Ave L</b>			Amount		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3500.00       </div>
City <b>Pittsburgh</b>		State <b>PA</b>	Zip Code <b>15221</b>	<b>Transaction ID : SE.4117</b> Date of Disbursement or Obligation	
Purpose of Expenditure <b>Television Advertising</b>		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<b>▶</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5500.00</div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<b>▶</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(a) TOTAL</b> Independent Expenditures .....			<b>▶</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Johnson, Robert, , ,</b>			<b>[Electronically Filed]</b>	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Signature			Date	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 10 OF 12  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Time for Trump</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00628396	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Crossover Ent LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>147 Ave L</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15221</b>	Amount <span style="border: 1px solid black; padding: 2px;">859.00</span>		
Purpose of Expenditure <b>Television Advertising</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4131</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 05 / 2016</span>		
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14028.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Fancy Fox</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>4255 William Penn Highway</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
City <b>Murrysville</b>	State <b>PA</b>	Zip Code <b>15668</b>	Amount <span style="border: 1px solid black; padding: 2px;">1035.00</span>		
Purpose of Expenditure <b>Screen Printing</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Transaction ID : <b>SE.4120</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</span>		
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1035.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1894.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Johnson, Robert, , ,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">12 / 07 / 2016</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 11 OF 12  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Time for Trump</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00628396	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Johnson, Robert, , ,</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address 5337 Brightwood Rd. 1 C			Amount <span style="border: 1px solid black; padding: 2px;">700.00</span>		
City Bethel Park	State PA	Zip Code 15102	Transaction ID : <b>SE.4134</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 21 / 2016		
Purpose of Expenditure Administrative Services		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate: Trump, Donald, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">14728.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lynch, Anthony, , ,</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address 857 Ford St			Amount <span style="border: 1px solid black; padding: 2px;">700.00</span>		
City Pittsburgh	State PA	Zip Code 15205	Transaction ID : <b>SE.4129</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2016		
Purpose of Expenditure Graphic Design		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Trump, Donald, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">4200.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">1400.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Johnson, Robert, , ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 07 / 2016	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 12 OF 12  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Time for Trump</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00628396	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Ryan, Shiloh, , ,</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address <b>136 Penn St</b>			Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>		
City <b>Washington</b>	State <b>PA</b>	Zip Code <b>15301</b>	Transaction ID : <b>SE.4126</b>		
Purpose of Expenditure <b>Creative Writing Services</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 05 / 2016</b>		
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11169.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Washington Observer Reporter</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address <b>122 S Main St</b>			Amount <span style="border: 1px solid black; padding: 2px;">588.00</span>		
City <b>Washington</b>	State <b>PA</b>	Zip Code <b>15301</b>	Transaction ID : <b>SE.4124</b>		
Purpose of Expenditure <b>Newspaper Advertising</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 04 / 2016</b>		
Name of Federal Candidate: <b>Trump, Donald, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9788.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">838.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">15763.00</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Johnson, Robert, , ,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 07 / 2016</b>	